



THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301-1200

April 17, 2000

Dear Uniformed Services Beneficiary:

Welcome to the Pharmacy Redesign Pilot Program! You are one of 6,000 Medicare-eligible uniformed services retirees and family members who may take advantage of this new Department of Defense-sponsored health care benefit.

Through the Pharmacy Redesign Pilot Program, you may be able to save hundreds of dollars a year over what you currently pay for prescription medications. By filling your prescriptions through the National Mail Order Pharmacy or at TRICARE civilian network pharmacies, you and your eligible family members will enjoy savings and maintain the option of using military treatment facilities on a space-available basis.

Please take a few minutes to review this brochure. If you have further questions, call the toll-free number or visit our Web site. I would appreciate your completing the survey card provided on this new program.

We are proud to be able to offer the Pharmacy Redesign Pilot Program to you, and are confident most of you will find it offers real savings.

Sincerely,

Dr. Sue Bailey

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If you spend more than \$200 per year on prescription medications,
be sure to read on!

What Is the Pharmacy Redesign Pilot Program?

The Pharmacy Redesign Pilot Program is a Department of Defense (DoD) program to help you and your eligible family members obtain prescription drugs at affordable prices. **This program offers eligible uniformed services retirees age 65 and over and their eligible family members age 65 and over living in the areas covered by the pilot program the opportunity to enroll in a pharmacy program that provides prescriptions at a fraction of the retail cost.**

Until now, the majority of uniformed services retirees age 65 and over have not been eligible for pharmacy benefits, other than at military treatment facility (MTF) pharmacies on a space-available basis. Under the current system, those retired persons on Medicare who live far from an MTF essentially have little or no prescription drug coverage through the DoD. Medicare does not cover the cost of outpatient medications, and purchasing additional policies that provide pharmacy benefits can be expensive. Many of these supplemental policies also have restrictions, such as caps on the amount of drug costs covered.

To begin filling this gap, the DoD has created the Pharmacy Redesign Pilot Program – a new benefit providing comprehensive, affordable prescription drug insurance to eligible uniformed services retirees and their eligible family members in two pilot areas. Enrollment in this pilot program begins June 1, 2000, with services beginning July 1, 2000.

Who Is Eligible?

To be eligible for the Pharmacy Redesign Pilot Program, you must meet one of the following eligibility requirements:

- a retiree of one of the uniformed services or
- a family member of a uniformed services retiree or
- a family member of a deceased uniformed services member or
- an unremarried spouse of a deceased uniformed services member.

And you also must meet all of the following requirements:

- 65 years of age or over,
- entitled to Medicare Part A,
- enrolled in Medicare Part B, unless when you reach age 65 you live within 100 miles of a military treatment facility catchment area, and
- live in one of the designated ZIP codes for the pilot program.

The two pilot areas are both at least 40 miles away from a military treatment facility. See the following section for the exact locations and eligible ZIP codes.

Where Is the Pharmacy Redesign Pilot Program Being Offered?

The two geographic areas selected for the pilot program are specific ZIP codes in and around the following counties:

- Okeechobee County, Florida
- Fleming County, Kentucky, including selected areas of Kentucky, Ohio and West Virginia

ZIP codes in the Okeechobee County, Florida, area

33438	33468	33478	33960	34946	34950	34954	34972	34981	34985	34990	34995
33439	33469	33930	33975	34947	34951	34956	34973	34982	34986	34991	34996
33455	33471	33935	34739	34948	34952	34957	34974	34983	34987	34992	34997
33458	33475	33944	34945	34949	34953	34958	34979	34984	34988	34994	

ZIP codes in Fleming County, Kentucky, including selected areas of Kentucky, Ohio and West Virginia

25011	25506	25710	26106	40472	40979	41156	41351	41764	45105	45659	45720
25033	25507	25711	26120	40473	40983	41159	41352	41766	45144	45660	45723
25070	25510	25712	26121	40481	41002	41160	41360	41775	45601	45661	45732
25082	25511	25713	26133	40486	41004	41164	41362	41776	45612	45662	45735
25095	25512	25714	26142	40488	41034	41166	41364	41777	45613	45663	45739
25106	25514	25715	26150	40492	41041	41168	41365	42501	45614	45669	45740
25109	25515	25716	26164	40701	41043	41169	41366	42502	45616	45671	45741
25112	25517	25717	26169	40702	41044	41170	41368	42503	45617	45672	45743
25123	25519	25718	26173	40724	41049	41171	41377	42518	45618	45673	45760
25124	25520	25719	26180	40729	41055	41173	41385	42519	45619	45674	45761
25143	25526	25720	26181	40737	41056	41174	41386	42533	45620	45675	45764
25159	25530	25721	26184	40740	41062	41175	41390	42544	45621	45677	45766
25168	25534	25722	26187	40741	41065	41179	41397	42553	45622	45678	45769
25187	25535	25723	40309	40742	41081	41180	41408	42558	45623	45679	45770
25213	25537	25724	40313	40743	41093	41181	41410	42564	45624	45680	45771
25231	25541	25725	40316	40744	41096	41183	41413	42567	45629	45682	45772
25239	25545	25726	40317	40745	41101	41189	41419	42642	45630	45683	45775
25241	25550	25727	40319	40751	41102	41201	41421	43101	45631	45684	45776
25244	25555	25728	40322	40755	41105	41230	41422	43102	45634	45685	45777
25245	25559	25729	40329	40771	41114	41232	41425	43107	45636	45686	45778
25247	25560	25755	40346	40803	41121	41264	41426	43111	45638	45688	45779
25248	25562	25770	40351	40816	41124	41301	41427	43127	45640	45690	45780
25250	25569	25771	40371	40827	41127	41307	41433	43135	45642	45692	45781
25252	25570	25772	40376	40840	41128	41310	41444	43138	45643	45693	45782
25253	25669	25773	40380	40844	41129	41311	41451	43144	45645	45694	45783
25260	25674	25774	40387	40858	41132	41313	41452	43149	45646	45695	45786
25262	25699	25775	40402	40868	41135	41314	41459	43152	45647	45696	45787
25264	25701	25776	40409	40874	41137	41317	41464	43155	45648	45697	
25265	25702	25777	40419	40914	41139	41332	41465	43156	45650	45698	
25271	25703	25778	40421	40931	41141	41333	41472	43158	45651	45699	
25275	25704	25779	40434	40932	41142	41338	41477	43728	45652	45701	
25279	25705	26101	40445	40941	41143	41339	41632	43731	45653	45710	
25287	25706	26102	40447	40944	41144	41342	41714	43756	45654	45711	
25502	25707	26103	40456	40951	41146	41344	41730	43758	45656	45715	
25503	25708	26104	40460	40962	41149	41347	41749	43766	45657	45716	
25504	25709	26105	40467	40972	41150	41348	41762	43787	45658	45719	

What Are the Costs of the Pharmacy Redesign Pilot Program?

The annual enrollment fee for the program is \$200 per person, which may be paid annually or in two equal installments of \$100 semiannually. You are also responsible for a minimal payment – called a co-payment or cost share – when purchasing medications, depending upon which pharmacy option you choose to use. When purchasing medications through the TRICARE network pharmacies, you pay 20 percent of the retail cost of the medication for up to a 30-day supply. Through the National Mail Order Pharmacy, you pay only a flat price of \$8 per prescription for up to a 90-day supply of most medications.

For certain medications you may only receive up to a 30-day supply at a time, depending upon federal regulations, DoD policy and how your physician writes your prescription.

Program Element	Amount You Pay
Enrollment fee	\$200 per person, per year
TRICARE network pharmacy cost share	20 percent of retail cost for up to a 30-day supply
National Mail Order Pharmacy co-payment	\$8 per prescription for up to a 90-day supply

If you generally spend more than \$200 per year on prescription medications, then enrolling in this pilot program will save you money.

What Does the Pharmacy Redesign Pilot Program Offer Me?

The Pharmacy Redesign Pilot Program gives you the opportunity to obtain prescription medications through TRICARE network pharmacies and the National Mail Order Pharmacy for a minimal payment. With two ways to purchase your medications, you can choose to use one or both options, depending on which is most convenient for you. Details of these two pharmacy options are outlined in this section.



TRICARE Network Pharmacies

The TRICARE network pharmacies are retail pharmacies that have contracted with TRICARE to serve its beneficiaries. If you choose to use this option, you can have your prescriptions filled at a local TRICARE network pharmacy. You can receive up to a 30-day supply of medication at a time for each prescription. (See the enclosed list of participating network pharmacies.)

When purchasing your medications through a local network pharmacy, you pay only 20 percent of the retail cost of each medication. For example, if the retail cost of a 30-day supply of a drug is \$20, you only pay \$4, which is 20 percent of the drug's retail cost.

The following chart gives three examples of how you can save money when using TRICARE network pharmacies.

Example	Retail Cost/Year*	TRICARE Network Pharmacies			Your Annual Savings
		Annual Cost of Medication (20% cost share)	+ Annual Enrollment Fee	= Your Total Annual Cost	
Patient A: taking a common cholesterol medication	\$2,459	\$492	+ \$200	= \$692	\$1,767
Patient B: taking a common diabetes medication	\$352	\$70	+ \$200	= \$270	\$82
Patient C: taking both medications	\$2,811	\$562	+ \$200	= \$762	\$2,049

*Retail drug prices were obtained by calling the American Association of Retired Persons (AARP) 1-800 pharmacy information line.



National Mail Order Pharmacy

The National Mail Order Pharmacy (NMOP) is a nationwide pharmacy program that allows you to purchase and receive your prescription medications through the mail. You mail in an original prescription from your physician, along with your payment, and you can receive up to a 90-day supply of most medications. (Note: For certain medications you may only receive up to a 30-day supply at a time, depending upon federal regulations, DoD policy and how your physician writes your prescription.)

To fill your prescriptions through this mail-order option, you will need to register with the NMOP by completing and sending in a confidential patient profile registration form. In addition, you must ensure that the Defense Enrollment Eligibility Reporting System (DEERS) has your current address.

The NMOP is particularly suited for persons on maintenance medications – medications that you take regularly, such as blood pressure or cholesterol medications. Prescription drugs purchased through the NMOP are only \$8 for up to a 90-day supply of most medications. Using the NMOP can save you even more money than the TRICARE network pharmacy option.

The following chart gives three examples of how you can save money when using the National Mail Order Pharmacy.

Example	Retail Cost/Year*	National Mail Order Pharmacy				Your Annual Savings
		Annual Cost of Medication (Four 90-day supplies @ \$8 each)	+	Annual Enrollment Fee	= Your Total Annual Cost	
Patient A: taking a common cholesterol medication	\$2,459	\$32	+	\$200	= \$232	\$2,227
Patient B: taking a common diabetes medication	\$352	\$32	+	\$200	= \$232	\$120
Patient C: taking both medications	\$2,811	\$32 + \$32	+	\$200	= \$264	\$2,547

*Retail drug prices were obtained by calling the AARP 1-800 pharmacy information line.

To determine which prescription medications are available through the National Mail Order Pharmacy, please check the Defense Department's NMOP formulary at the following Web site:

<http://www.pec.ha.osd.mil/NMOP/NMOPhome.htm>

When Does Enrollment in the Pharmacy Redesign Pilot Program Begin?

Enrollment in the pilot program begins June 1, 2000, with benefits beginning on July 1, 2000. Enrollment packets will be mailed to all eligible beneficiaries in April 2000. You may enroll at any time during the program.

How Do I Enroll in the Pharmacy Redesign Pilot Program?

Enrolling in the Pharmacy Redesign Pilot Program is easy. If your ZIP code is in one of the two pilot areas and your address is current in the Defense Enrollment Eligibility Reporting System (DEERS), simply fill out the enclosed enrollment form and follow the directions below. If you have any questions about enrollment or your eligibility to participate, or if you would like additional enrollment forms, call the toll-free number serving your region:

Okeechobee County, Florida, area

1-800-444-5445

Fleming County, Kentucky, including selected areas of Kentucky, Ohio and West Virginia

1-800-941-4501

To enroll in the Pharmacy Redesign Pilot Program, simply follow the steps below.

1. Complete and mail the enrollment form with supporting documents.

You must meet all of the eligibility requirements listed on page 1. If you are eligible for enrollment in the Pharmacy Redesign Pilot Program, please complete the enrollment form included in your enrollment packet. If you and a member of your family are both eligible for the Pharmacy Redesign Pilot Program and you both wish to enroll, you must submit two separate enrollment forms and two enrollment fees. In the enclosed envelope, mail your enrollment form, along with a copy of your Medicare Part B enrollment card and your enrollment fee, to the appropriate address below:

Okeechobee County, Florida, area

Humana Military Healthcare Services
Attn: Pharmacy Redesign Pilot Program Enrollment
P.O. Box 740072
Louisville, KY 40201-7472

Fleming County, Kentucky, including selected areas of Kentucky, Ohio and West Virginia

Anthem Alliance Health Insurance Company
Attn: Pharmacy Redesign Pilot Program Enrollment Unit
333 West First Street, Suite 210
Dayton, OH 45402-5006

2. Enclose enrollment fee.

Your annual enrollment fee is \$200 per person. You may pay the enrollment fee all at once, or in two equal installments of \$100 semiannually. The full fee (\$200) or first installment (\$100) must be submitted with your enrollment form. Please indicate your method of payment on your enrollment form.

3. Observe deadline for applications.

The Pharmacy Redesign Pilot Program has continuous enrollment, meaning you can enroll at any time. Your enrollment package must be received before the 21st of the month for you to be eligible for benefits on the first day of the following month. If your enrollment package is received after the 20th of the month, benefits will not begin until the first day of the second month.

For example, if your enrollment form and enrollment fee are received on June 5, your benefits will begin on July 1. But if your enrollment form and enrollment fee are received on June 21, your benefits will not begin until August 1.

4. Keep benefit card.

When your enrollment form, enrollment fee and supporting documentation (a copy of Medicare Part B enrollment card) have been received, you will be mailed an identification card which indicates your participation in the Pharmacy Redesign Pilot Program.

How Do I Continue My Pharmacy Benefits After the One-Year Enrollment Period?

Sixty days prior to the end of your one-year enrollment period, you will receive a continuous enrollment notification.

Simply return a signed copy of the enrollment notification, with the fee and a photocopy of your Medicare Part B enrollment card, prior to the end of your enrollment period. You will receive a letter confirming that your enrollment information has been updated and your pharmacy benefits have been continued.



Helpful Information

Pharmacy Information Line

To answer your questions on eligibility, enrollment or benefits, or any other questions you may have about the program, two toll-free information lines are available. These information lines are operated by Humana Military Healthcare Services (for the Okeechobee County, Florida, area) and Anthem Alliance Health Insurance Company (for the Fleming County, Kentucky, area, including selected areas of Kentucky, Ohio and West Virginia). These managed care support contractors are responsible for enrollment and claims processing and can answer all of your questions regarding the program.

Okeechobee County, Florida, area

1-800-444-5445

Fleming County, Kentucky, including selected areas of Kentucky, Ohio and West Virginia

1-800-941-4501

Grievances

If you have a problem with the availability of certain medications or with the reimbursement claim process, call the toll-free number for your area (see above).

Appeals

If a determination is made that the prescription as written by your provider does not meet the requirements of the Pharmacy Redesign Pilot Program, you may decide to pay for the prescription yourself and submit a claim either to Humana Military Healthcare Services if you live in Okeechobee County, Florida, or to Anthem Alliance Health Insurance Company if you live in one of the designated areas of Kentucky, Ohio or West Virginia. Either Humana Military Healthcare Services or Anthem Alliance Health Insurance Company will review your claim and render a decision. If your claim is denied, the decision will include notice of any further administrative appeal rights that may be available to you.



Disenrollment Process

You may voluntarily disenroll from the pilot program at any time by submitting a written request to Humana Military Healthcare Services if you live in the Okeechobee County, Florida, area, or to Anthem Alliance Health Insurance Company if you live in one of the designated areas of Kentucky, Ohio or West Virginia. However, there will be no refunds of enrollment fees unless the disenrollment is due to a permanent address change outside the pilot program. In that instance, refunds will be prorated based upon the remaining number of full months of enrollment.

You also may be *involuntarily* disenrolled from the pilot program for any of the following reasons:

- Not submitting a signed copy of the continuous enrollment form before the enrollment period ends
- Not submitting a photocopy of your Medicare Part B enrollment card before the enrollment period ends
- Failing to pay your enrollment fee before the enrollment period ends
- Not maintaining Medicare Part B eligibility
- Permanently moving outside of one of the two pilot areas

Re-enrollment

You may request re-enrollment at any time. Simply fill out an enrollment form, make a copy of your Medicare Part B card, and mail both along with a check for the enrollment fee to the address indicated on the form. If your request is received before the 20th of the month, benefits will begin on the first day of the next month. If it is received after the 20th of the month, benefits will begin on the first day of the second month. (For example, if your enrollment form and fee are received June 5, pharmacy benefits will begin July 1. If your request is received June 21, your benefits will begin August 1.)



Answers to Frequently Asked Questions

What if I have prescription drug coverage through another policy?

You may still enroll in this program. Note, however, that the benefits to you change somewhat. When you get your prescriptions filled at a retail pharmacy, your other insurance plan must be used first to cover costs. Then, if enrolled in the Pharmacy Redesign Pilot Program, you might be eligible for full or partial reimbursement of the portion you paid for the medication. To be reimbursed, you must submit a claim to Humana Military Healthcare Services if you live in the Okeechobee County, Florida, area, or to Anthem Alliance Health Insurance Company if you live in the Fleming County, Kentucky, area (see page 6 for mailing addresses). This same rule applies for a beneficiary covered by both a government-sponsored health insurance as well as another insurance plan. The commercial insurance is always the first to pay.

If you have prescription drug coverage under another health insurance plan, you are ineligible to use the National Mail Order Pharmacy (NMOP). However, there are two exceptions: If your prescription medication is not covered under your other plan or if you have exceeded the dollar limit of coverage under that plan, you may use the NMOP. In either case, enclose with your NMOP order an explanation of benefits from your other insurance policy as proof that your particular prescription is not covered or that you have reached the plan's coverage limits. Without such documentation, your prescription cannot be filled through the NMOP.

Can I fill my prescriptions at any retail pharmacy under this pilot program?

As a pilot program participant, you must use a TRICARE network pharmacy to purchase your prescription medications under the program (*i.e.*, at 20 percent of the retail cost). The Pharmacy Redesign Pilot Program will not provide any discount or reimbursement for prescriptions filled at pharmacies that are not part of the TRICARE network. A list of TRICARE network pharmacies in your area has been included in this enrollment packet.

What is a TRICARE network pharmacy and where can I find one?

A TRICARE network pharmacy is a pharmacy in your neighborhood that accepts TRICARE payment for prescriptions. A beneficiary service representative at either Humana Military Healthcare Services or Anthem Alliance Health Insurance Company, depending upon your area, can help you find the TRICARE network pharmacy nearest you. Call the toll-free information number for your area (see page 8) to talk to a beneficiary service representative.

How do I use the National Mail Order Pharmacy?

The National Mail Order Pharmacy is contracted with Merck-Medco Managed Care (MMMC) to provide you with a convenient and inexpensive way to have your prescriptions filled. You simply mail in a registration form, along with your original prescription from your physician and your co-payment. MMMC will send you refill slips with your prescriptions. If you have further questions about the National Mail Order Pharmacy, please call MMMC toll free at 1-800-903-4680.

Can I still have my prescriptions filled at a military treatment facility pharmacy?

Yes, enrollment in the Pharmacy Redesign Pilot Program does not preclude you from having prescriptions filled at military treatment facility pharmacies.

What if I get sick when I'm away and need to have a prescription filled?

You should call your area's toll-free number (see page 8) and ask for help in locating a network pharmacy. Take your prescription to the TRICARE network pharmacy and present your ID card. Should the pharmacy have problems processing your prescription, the pharmacist should call the Pharmacy Help Desk (phone number is listed on your program ID card).

How should I decide whether to fill my prescription through a TRICARE network pharmacy or the National Mail Order Pharmacy?

Consider several factors in making your decision, including the drug's cost, how long-term the prescription is, and how often you travel. For maintenance medications – which are medications that you take on a long-term, regular basis – you will save more money filling your prescriptions through the National Mail Order Pharmacy. For a single \$8 payment, you will obtain up to a 90-day supply of most medications. Mail order not only costs you less, but it also saves the DoD money, enabling the DoD to provide you with this pharmacy benefit. Note: The National Mail Order Pharmacy should not be used for medications prescribed for an acute illness (*i.e.*, when the first dose must be taken immediately).

Does it make sense to use both a TRICARE network pharmacy and the National Mail Order Pharmacy?

You may decide on a case-by-case basis where to fill each of your prescriptions – at a TRICARE network pharmacy or via the National Mail Order Pharmacy. For certain medications, you may find it more convenient and less expensive to select one over the other. However, you will not be permitted to fill the same prescription through both of the program's pharmacy options. You would need to get a new prescription from your physician to switch from one pharmacy option to the other.

Will I be able to purchase any and all of my prescription medications through this pilot program?

The vast majority of prescription medications will be available for you to purchase through the Pharmacy Redesign Pilot Program. For a small number of medications, however, you will be required to submit documentation from your physician of your need for one particular brand or type of medication. The staff at your TRICARE network pharmacy will be able to tell you whether or not the medication is automatically covered, or if you need a letter from your physician. To determine whether or not a certain medication is covered under the National Mail Order Pharmacy, call 1-800-903-4680, or visit the following Web site:
<http://www.pec.ha.osd.mil/NMOP/NMOPhome.htm>

Are generic medications used in the plan?

The plan calls for mandatory use of generic drugs when a Food and Drug Administration (FDA) approved generic equivalent is available. In some rare instances, however, your physician may document your need to use a brand name product, such as a documented allergy to one of the generic drug's ingredients. In such a case, the brand name drug could be approved.

I live in Florida and New York 4-6 months each year. How will that affect my participation in the program?

You may use either the National Mail Order Pharmacy (NMOP) or a TRICARE network pharmacy. For help finding a TRICARE network pharmacy, call the toll-free information line on your program ID card. Alternatively, you may contact NMOP at 1-800-903-4680 and have your maintenance medications (*i.e.*, prescription medications that you take regularly) delivered to your temporary address. By planning ahead and using the mail-order option, you will save money, and so will the Department of Defense.

Does this program have a deductible?

No, the Pharmacy Redesign Pilot Program does not have a deductible. The costs to you are the \$200 annual enrollment fee – which you can pay all at once, or in two \$100 installments – and the cost share for each prescription you fill or refill. At a TRICARE network pharmacy, you pay 20 percent of the drug's retail cost for a 30-day supply. Through the National Mail Order Pharmacy, you can purchase up to a 90-day supply of most prescription medications for \$8.

Are there any limits to my coverage?

With very few exceptions, the Pharmacy Redesign Pilot Program does not limit coverage based on a drug's cost or the number of times you get a prescription filled. No matter how many prescription drugs you need to purchase, this program will cover the cost of the drugs, minus your co-payment. However, keep in mind that some limitations do exist depending upon the type of medication. Call the toll-free number in your area for further information.

To make it easier for you to remember the medications you are taking, we have included a reminder card for you on the back cover of this handbook. Simply tear off the cards and choose the one that indicates the region in which you live. Throw the other card away. In the spaces provided, write contact information for your doctor and pharmacist, and the names of the medications you take regularly. Place this card in your wallet so that you will always have this information when you need it.

<div>Okeechobee County, FL</div> <div>Pharmacy Redesign Pilot Program</div> <div> <div> <div>Co-pay amounts</div> <div>TRICAREnetwork pharmacy</div> <div>20% of retail cost</div> <div>National Mail Order Pharmacy</div> <div>\$8 per prescription</div> </div> <div> <div>Names of medications</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div>	
<div>Okeechobee County, FL</div> <div>Pharmacy Redesign Pilot Program</div> <div> <div> <div>Toll-free information line</div> <div>1-800-444-5445</div> <div>Managed care support contractor</div> <div>Humana Military Healthcare Services</div> <div>National Mail Order Pharmacy</div> <div>Merck-Medco Managed Care</div> <div>1-800-903-4680 or</div> <div>TDDfor the hearing impaired</div> <div>1-800-873-1230</div> </div> <div> <div>Network pharmacy</div> <div>Name</div> <div>Number</div> <div>Family physician</div> <div>Name</div> <div>Number</div> </div> </div>	
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